sit 5 Copies opriste District Office Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT E P.O. Drawer DD, Artesia, NM \$4210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TIE CO	TO TRA	NS	PORT OIL	AND NA	TURAL G	45	WN			
Operator							Well	API No.	-025-//7	128 /	
ARCO 011 and Gas	Company	<u></u>						30-	-023-77	<u> </u>	
Address	• • • • •	Jara Mo	~ d ^	88241	-1710						
P.O. Box 1710 - Ho	obbs, I	New Me	XIC	0 00241	X Oth	er (Please expl	المنع (المنع	ge Well	Name Fr	om ,,,	
New Well		Change is		porter of:			A. B.	COAT	E5 "C"	#16	
Recompletion	Oil		Dry				E660		1/1/9	3	
Change in Operator 📈	Casinghea	4 Gas	Cook	den rate	-		EIIE	CTIVE:	11111		
change of operator give name od address of previous operator	CACO	<u></u>		1	*						
L DESCRIPTION OF WELL		ASE									
L. DESCRIPTION OF WELL!	U(D DE	Well No.	Pool	Name, Includi	ng Formation		0.44	of Leage Federal or Fe		26 52 Å	
South Justis Unit "G	11	22	Ju	<u>stis Bli</u>	<u>nebry Tu</u>	ibb Drink	ard		- 1 × ~ C	150 3013	
Location		/			.,,,	e and 20	20 E	er Emm The	EAST	. Line	
Unit Letter	. :	60	_ Feet	From The 24	177_ Lin	e and	R	a riom ine .			
Section 24 Township	25	s	Ran	ge 37	E N	мрм,	Lea			County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATU	RAL GAS	e address to w	ich approved	copy of this f	orm is to be se	rd)	
Name of Authorized Transporter of Oil	\square	or Conse	o sare			× 2528 -					
Texas New Mexico Pipel	<u>ine Cor</u>	npany X	or D	ry Gas 🔲	Address (Giv	e address to w	hick approved	copy of this f	copy of this form is to be sent)		
Name of Authorized Transporter of Casing Texaco Exploration and	Production Inc					x 3000 -		OK 74102			
M well produces oil or liquids,	Unit	Sec.	Twp	Rge.		y connected?	When 2	1 INKNO	v.14 /		
ive location of tanks.	 _	L. <u>.</u>	<u>ا</u> ــــــــــــــــــــــــــــــــــــ		<u> </u>			101120			
f this production is commingled with that f	rom any oth	er lease of	pool,	BIAS COLISIONAL	ing order some						
V. COMPLETION DATA		Oil Wel	1	Gas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		<u> </u>	<u> </u>	L	 DD TD	L	1	
Date Spudded	Date Com	pl. Ready t	o Prod	L	Total Depth			P.B.T.D.			
	R, etc.) Name of Producing Formation				Top Oil/Cas	Pay		Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)											
Terforations	l							Depth Casin	ng Shoe		
					CTT CTT TTT	NC DECOP		1			
	TUBING, CASING AND				CEMENT	DEPTH SET	<u> </u>		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE					DEI III DE					
	 							ļ			
								 			
			- DI	E	<u> </u>			1			
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR	ALLOW	ABL	iE. ad ail and must	be enual to or	exceed top all	mable for thi	s depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of To	est	. 69 100	0.01	Producing M	ethod (Flow, pu	omp, gas lift, o	ac)			
Date Line Let Oil King 10 1 ame	Date of Test							Choke Size	Choke Size		
Length of Test	Tubing Pr	Tubing Pressure				TLE					
					Water - Bbls			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls	•									
	L										
GAS WELL Actual Frod Test - MCF/D	II enoth of	Test			Bbls. Conder	mic/MMCF		Gravity of	Condensate		
Actual Prod. 168 - Michie		Length of Test				/ -		Choke Size			
Testing Method (pilot, back pr.)	Tubing Pr	essure (Shi	st-m)		Casing Press	ure (Shut-in)		Choir Sin			
	<u> </u>				<u> </u>			<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	F COM	PLL	ANCE		OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regul Division have been complied with and	ations of the	Oil Coole	STANDO	•							
is true and complete to the best of my	mowledge i	and belief.			Date	Approve	d				
1 0/1					11						
Jana Cylin				_	By_	ga (d ia ng)	= .3		T (ON		
James D. Cogburn	0pe1	ation		ordinato	H						
Printed Name		/===	Tid	-	Title						
1/1/93) 39 Jephon	91-1621 se No.							
Date			•		J1						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells. 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico 1 ... rgy, Minerals and Natural Resources Departme.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NIM 87410	REQU	JEST FO	OR AL	LOWAB	LE AND A	AUTHORIZ FURAL GA	S			,		
TO TRANSPORT OIL AND NATURAL GAS Operator Texaco Exploration and Production Inc. 30 0									PI No. 125 11738			
Address P. O. Box 730 Hobbs, Nev)-2528	3								
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil	Change in	Transpor	rter of:		er (Please explai FECTIVE JA		992				
f change of operator give name and address of previous operator									·			
DESCRIPTION OF WELL AND LEASE are Name A B COATES C DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include 16 JUSTIS BLINE					State,			(Lease Federal or Fee RAL		Lease No. LC032650B		
Location Unit LetterO	:760)	Feet Fr	om The SO	OUTH Lin	2030	Fo	et From The	EAST	Line		
Section 24 Townshi	p 2	58	Range	37E	, N	MPM,		LEA		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Texas New Mexico Pipeline	RAL GAS Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202 Address (Give address to which approved copy of this form is to be sent)											
Texaco Exploration	ame of Authorized Transporter of Casinghead Gas X or Dry Gas Texaco Exploration & Production Inc						P.O. Box 3000 T			ulsa, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Twp. 25S	Rge.		YES	i	01-	-17-92			
If this production is commingled with that IV. COMPLETION DATA	from any of	Oil Wel		Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		ipi. Ready t	o Prod.		Total Depth	<u> </u>		P.B.T.D.	l	.1		
Date Spudded Elevations (DF, RKB, RT, GR, etc.)						Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe				
	TUBING, CASING AND				CEMENT	NG RECOR	D	<u> </u>	24.040.0514	CLT		
HOLE SIZE	C	CASING & TUBING SIZE				DEPTH SET		•	SACKS CEMENT			
	-											
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOW	ABLE of load	oil and mus	t be equal to a	r exceed top all	owable for thi	s depth or be	for full 24 ho	σs.)		
Date First New Oil Run To Tank	Date of T	est			Producing N	lethod (Flow, pi	ump, gas lyt, i	eic.)				
Length of Test	Tubing P	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL					Intia Card	nsate/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D		Length of Test						Choke Size				
Testing Method (pitot, back pr.)	Tubing F	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)							
VI. OPERATOR CERTIFIC I hereby certify that the rules and regr Division have been complied with an	ulations of the	ne Oil Cons	ervation			OIL CO				NC		
is true and complete to the best of my	knowledge	and belief.			Dat	e Approve	ed	MAR 0 2	'92	· · · · · · · · · · · · · · · · · · ·		
Signature			or As		Ву.			,				
L.W. Johnson Printed Name 02-14-92			gr. As: Title) 393-		Title			 				
U2-14-32 Date			elephone									

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